

House Amendment 1324

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1 1 Amend Senate File 389, as amended, passed, and
1 2 reprinted by the Senate, as follows:
1 3 #1. By striking page 1, line 2, through page 20,
1 4 line 27, and inserting the following:
1 5 <IOWA CHOICE HEALTH CARE COVERAGE COUNCIL
1 6 Section 1. Section 514E.1, subsections 15 and 22,
1 7 Code 2009, are amended to read as follows:
1 8 15. "Iowa choice health care coverage ~~advisory~~
1 9 council" or "~~advisory council~~" "council" means the
1 10 ~~advisory council created in section 514E.6.~~
1 11 22. "Qualified health care coverage" means
1 12 creditable coverage which meets minimum standards of
1 13 quality and affordability ~~as determined by the~~
~~1 14 association by rule.~~
1 15 Sec. 2. Section 514E.2, subsection 3, unnumbered
1 16 paragraph 1, Code 2009, is amended to read as follows:
1 17 The association shall submit to the commissioner a
1 18 plan of operation for the association and any
1 19 amendments necessary or suitable to assure the fair,
1 20 reasonable, and equitable administration of the
1 21 association. ~~The plan of operation shall include~~
~~1 22 provisions for the development of a comprehensive~~
~~1 23 health care coverage plan as provided in section~~
~~1 24 514E.5. In developing the comprehensive plan the~~
~~1 25 association shall give deference to the~~
~~1 26 recommendations made by the advisory council as~~
~~1 27 provided in section 514E.6, subsection 1. The~~
~~1 28 association shall approve or disapprove but shall not~~
~~1 29 modify recommendations made by the advisory council.~~
~~1 30 Recommendations that are approved shall be included in~~
~~1 31 the plan of operation submitted to the commissioner.~~
~~1 32 Recommendations that are disapproved shall be~~
~~1 33 submitted to the commissioner with reasons for the~~
~~1 34 disapproval. The plan of operation becomes effective~~
1 35 upon approval in writing by the commissioner prior to
1 36 the date on which the coverage under this chapter must
1 37 be made available. After notice and hearing, the
1 38 commissioner shall approve the plan of operation if
1 39 the plan is determined to be suitable to assure the
1 40 fair, reasonable, and equitable administration of the
1 41 association, and provides for the sharing of
1 42 association losses, if any, on an equitable and
1 43 proportionate basis among the member carriers. If the
1 44 association fails to submit a suitable plan of
1 45 operation within one hundred eighty days after the
1 46 appointment of the board of directors, or if at any
1 47 later time the association fails to submit suitable
1 48 amendments to the plan, the commissioner shall adopt,
1 49 pursuant to chapter 17A, rules necessary to implement
1 50 this section. The rules shall continue in force until
2 1 modified by the commissioner or superseded by a plan
2 2 submitted by the association and approved by the
2 3 commissioner. In addition to other requirements, the
2 4 plan of operation shall provide for all of the
2 5 following:
2 6 Sec. 3. Section 514E.5, Code 2009, is amended by
2 7 striking the section and inserting in lieu thereof the
2 8 following:
2 9 514E.5 IOWA HEALTH CARE COVERAGE PLANS == COVERAGE
2 10 OF ALL CHILDREN == STUDY AND RECOMMENDATIONS REGARDING
2 11 COMPREHENSIVE COVERAGE.
2 12 1. The Iowa choice health care coverage council,
2 13 in collaboration with the Iowa Medicaid enterprise and
2 14 the hawk=i board, shall consider options and make
2 15 recommendations for a comprehensive health care
2 16 coverage plan to provide health care coverage to all
2 17 children without such coverage, that utilizes,
2 18 modifies, and enhances existing public programs,
2 19 including the medical assistance program and hawk=i
2 20 program and maximizes the ability of the state to
2 21 obtain federal funding and reimbursement for such
2 22 programs.
2 23 a. The council shall consider options and make
2 24 recommendations for the coordination of a children's

2 25 health care network in the state that acts as a
2 26 resource for consumers to transition seamlessly among
2 27 public and private health care coverage options,
2 28 including but not limited to medical assistance,
2 29 hawk=i, and Iowa choice programs.
2 30 b. The council shall also consider options and
2 31 make recommendations for providing access to private,
2 32 unsubsidized, affordable, qualified health care
2 33 coverage to children who are not otherwise eligible
2 34 for health care coverage through public programs.
2 35 2. The council shall consider options and make
2 36 recommendations for providing access to private,
2 37 unsubsidized, affordable, qualified health care
2 38 coverage to all Iowa children less than nineteen years
2 39 of age with a family income that is more than three
2 40 hundred percent of the federal poverty level and to
2 41 adults and families with a family income that is up to
2 42 four hundred percent of the federal poverty level who
2 43 are not otherwise eligible for health care coverage
2 44 through public programs.
2 45 a. The council shall consider options and make
2 46 recommendations concerning what constitutes qualified
2 47 health care coverage for adults and families who are
2 48 not eligible for a public program.
2 49 b. The council shall consider options and make
2 50 recommendations for a health care coverage program
3 1 called Iowa choice which offers private qualified
3 2 health care coverage with options to purchase at least
3 3 three levels of benefits including a gold plan which
3 4 offers a comprehensive benefits package, a silver plan
3 5 which offers a medium benefits package, and a bronze
3 6 plan which offers a basic benefits package. The
3 7 council shall consider options and make
3 8 recommendations for providing an array of benefits
3 9 through the Iowa choice program that may include
3 10 physical, mental, and dental health care coverages.
3 11 3. The council shall also consider options and
3 12 make recommendations to offer a program to provide
3 13 coverage under the state health or medical group
3 14 insurance plan to nonstate public employees, including
3 15 employees of counties, cities, schools, area education
3 16 agencies, and community colleges, and employees of
3 17 nonprofit employers and small employers and to pool
3 18 such employees with the state plan.
3 19 4. The council shall study the ramifications of
3 20 requiring each employer in the state with more than
3 21 ten employees to adopt and maintain a cafeteria plan
3 22 that satisfies section 125 of the Internal Revenue
3 23 Code of 1986.
3 24 5. As part of considering options and making
3 25 recommendations for a comprehensive health care
3 26 coverage plan, the council may collaborate with health
3 27 insurance carriers to do including but not limited to
3 28 the following:
3 29 a. Design solutions to issues relating to
3 30 guaranteed issuance of insurance, preexisting
3 31 condition exclusions, portability, and allowable
3 32 pooling and rating classifications.
3 33 b. Formulate principles that ensure fair and
3 34 appropriate practices relating to issues involving
3 35 individual health care policies such as rescission and
3 36 preexisting condition clauses, and that provide for a
3 37 binding third-party review process to resolve disputes
3 38 related to such issues.
3 39 c. Design affordable, portable health care
3 40 coverage options for low-income children, adults, and
3 41 families.
3 42 d. Design a proposed premium schedule for health
3 43 care coverage options that are recommended by the
3 44 council which includes the development of rating
3 45 factors that are consistent with market conditions.
3 46 e. Design protocols to limit the transfer from
3 47 employer-sponsored or other private health care
3 48 coverage to state-developed health care coverage
3 49 plans.
3 50 6. The council shall submit a report of its
4 1 recommendations for a comprehensive health care
4 2 coverage plan to the commissioner for review and
4 3 comment and the commissioner shall forward the report
4 4 and such comments to the general assembly no later
4 5 than February 15, 2010. The comprehensive health care

4 6 coverage plan shall become effective only upon
4 7 approval by the general assembly.
4 8 Sec. 4. Section 514E.6, Code 2009, is amended to
4 9 read as follows:
4 10 514E.6 IOWA CHOICE HEALTH CARE COVERAGE ~~ADVISORY~~
4 11 COUNCIL.
4 12 1. The Iowa choice health care coverage ~~advisory~~
4 13 council is created for the purpose of ~~assisting the~~
4 14 ~~association with developing considering the~~
4 15 ~~recommending options to develop~~ a comprehensive health
4 16 care coverage plan as provided in section 514E.5. The
4 17 ~~advisory~~ council shall consider options and make
4 18 recommendations concerning the design and
4 19 implementation of the comprehensive plan including but
4 20 not limited to a definition of what constitutes
4 21 qualified health care coverage, suggestions for the
4 22 design of health care coverage options, and
4 23 implementation of a health care coverage reporting
4 24 requirement.
4 25 2. The ~~advisory~~ council consists of the following
4 26 persons who are voting members unless otherwise
4 27 provided:
4 28 a. The two most recent former governors, or if one
4 29 or both of them are unable or unwilling to serve, a
4 30 person or persons appointed by the governor.
4 31 b. Seven members appointed by the director of
4 32 public health:
4 33 (1) A representative of the federation of Iowa
4 34 insurers.
4 35 (2) A health economist who resides in Iowa.
4 36 (3) Two consumers, one of whom shall be a
4 37 representative of a children's advocacy organization
4 38 and one of whom shall be a member of a minority.
4 39 (4) A representative of organized labor.
4 40 (5) A representative of an organization of
4 41 employers.
4 42 (6) A representative of the Iowa association of
4 43 health underwriters.
4 44 c. The following members shall be ex officio,
4 45 nonvoting members of the council:
4 46 (1) The commissioner of insurance, or a designee.
4 47 (2) The director of human services, or a designee.
4 48 (3) The director of public health, or a designee.
4 49 (4) Four members of the general assembly, one
4 50 appointed by the speaker of the house of
5 1 representatives, one appointed by the minority leader
5 2 of the house of representatives, one appointed by the
5 3 majority leader of the senate, and one appointed by
5 4 the minority leader of the senate.
5 5 3. The members of the council appointed by the
5 6 director of public health shall be appointed for terms
5 7 of six years beginning and ending as provided in
5 8 section 69.19. Such a member of the board is eligible
5 9 for reappointment. The director shall fill a vacancy
5 10 for the remainder of the unexpired term.
5 11 4. The members of the council shall annually elect
5 12 one voting member as chairperson and one as vice
5 13 chairperson. Meetings of the council shall be held at
5 14 the call of the chairperson or at the request of a
5 15 majority of the council's members.
5 16 5. The members of the council shall not receive
5 17 compensation for the performance of their duties as
5 18 members but each member shall be paid necessary
5 19 expenses while engaged in the performance of duties of
5 20 the council. Any legislative member shall be paid the
5 21 per diem and expenses specified in section 2.10.
5 22 6. The members of the council are subject to and
5 23 are officials within the meaning of chapter 68B.>
5 24 #2. Page 21, line 18, by striking the word <In>
5 25 and inserting the following: <9. In>.
5 26 #3. Page 21, lines 18 and 19, by striking the
5 27 words and figures <subsections 1 through 7> and
5 28 inserting the following: <~~subsections 1 through 7~~
5 29 this section>.
5 30 #4. Page 26, by inserting after line 23 the
5 31 following:
5 32 <Sec. _____. Section 249A.3, subsection 14, Code
5 33 2009, is amended to read as follows:
5 34 14. Once initial ongoing eligibility for the
5 35 ~~family medical assistance program-related medical~~
5 36 ~~assistance~~ is determined for a child ~~described~~ under

~~subsection 1, paragraph "b", "f", "g", "j", "k", "l",~~
~~or "n" or under subsection 2, paragraph "e", "f", or~~
~~"h" the age of nineteen, the department shall provide~~
~~continuous eligibility for a period of up to twelve~~
~~months regardless of changes in family circumstances,~~
~~until the child's next annual review of eligibility~~
~~under the medical assistance program, if the child~~
~~would otherwise be determined ineligible due to excess~~
~~countable income but otherwise remains eligible with~~
~~the exception of the following children:~~
~~a. A newborn child of a medical~~
~~assistance=eligible woman.~~
~~b. A child whose eligibility was determined under~~
~~the medically needy program.~~
~~c. A child who is eligible under a state=only~~
~~funded program.~~
~~d. A child who is no longer an Iowa resident.~~
~~e. A child who is incarcerated in a jail or other~~
~~correctional institution.>~~
#5. Page 30, line 13, by striking the word
 <prior>.
#6. Page 31, by striking line 11 and inserting the
 following: <amounts, and graduated premiums based on
 a rationally developed sliding fee schedule, in
 accordance with federal>.
#7. Page 35, by inserting after line 28 the
 following:
 <Sec. ____ EFFECTIVE DATE == RETROACTIVE
 APPLICABILITY. The section of this division of this
 Act amending section 249A.3, subsection 14, being
 deemed of immediate importance, takes effect upon
 enactment and is retroactively applicable to July 1,
 2008.>
#8. Page 42, by striking lines 16 and 17 and
 inserting the following: <interest or earnings on
 moneys deposited in the fund or in the accounts within
 the fund shall be credited to the fund or the accounts
 within the fund, as applicable.>
#9. Page 44, line 17, by striking the words <and
 a> and inserting the following: <and any>.
#10. Page 44, line 23, by striking the word
 <purposes> and inserting the following: <purpose>.
#11. By striking page 53, line 23, through page
 67, line 33, and inserting the following:
 <DIVISION ____
 HEALTH CARE TRANSPARENCY>
#12. By striking page 68, line 14, through page
 69, line 20.
#13. Title page, line 2, by striking the words
 <providing penalties,>.
#14. By renumbering as necessary.

COMMITTEE ON HUMAN RESOURCES
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